STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967831	**04/26/2018**
NAME OF PROVIDER OR SUPPLIER **MISSION OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **10780 N US HWY 301** **OXFORD, FL 34484**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced bienniel licensure survey with limited nursing services was conducted on 04/26/2018 at Mission Oaks Assisted Living Facility (License #11808), Oxford, FL. No deficient practice was identified at the time of the survey.